



U.S. Department  
of Transportation  
  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 241

Date Received

2005 APR 18  
23-FEB-2005

Repository ☐

014-19  
Reference No.  
10112938

**OWNER INFORMATION (Type or Print)**

Name

Address

City

DENVER

State

CO

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO  
In the absence of an authorized signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 4/3/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JTJHF10U120

Make

LEXUS

Model

RX300

Model Year

2002

Date Purchased

15-MAR-02

Dealer's Name and Telephone Number

KUNI LEXUS (303) 798-9500

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

☒

Dealer's City

LITTLETON, CO

State

CO

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL 1 SEAT BELT HARNESS

Multiple Failure: 0

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

14-FEB-2005

Failure Mileage

43000

Failure Speed

25

AIR BAGS AND SEAT BELT HARNESS

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE CONSUMER WAS INVOLVED IN A REAR END COLLISION OF 25 MPH, AND THE AIR BAGS FAILED TO DEPLOY. THE UPPER HARNESS OF THE SEAT BELT FAILED TO HOLD CONSUMER IN PLACE. THE CONSUMERS CHEST HIT UP AGAINST THE STEERING WHEEL. THE CONSUMER WAS TRANSPORTED TO THE LOCAL HOSPITAL BY AMBULANCE. THE DEALER AND THE MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.